INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

201855

State From	n 44393 (R2 / 8-	-99)						
1.	TYPE OF NOTIF	ICATION (check one):	Original * Must inclu	Revised 4 9	Canceled <u>RECE</u> is being revised tate of	l'Courtesy Indiana		
11.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer) JUL 27 2016							
İ	Owner: City of East Chicago							
	Address: 444	4 Railroad Ave				nentalManagement ofIndiana		
	City: East Ch	icago		State:_IN		Zip: 46312		
	Contact: Wir	nna Guzman		Telephone #: 219-391-8294				
	Removal Contractor: n/	<u>'a</u>		Demolition Contractor: Actin				
	Address:			Address: PO Box 518				
	City:	State:	Zip:	City: East Chicago State: IN Zip: 46312				
	Contact:		Phone:	Contact: Michael Lope	Phone: 2	19-397-5020		
	IN License #:		Expiration:					
1/				(Required for asbestos	projects at schools K -	12)		
ľ	Inspector: Dr	agan Vjestica		Project Designer: n/a				
	Address: 110	06 Camellia		Address:				
	City: Munster	State: IN	Zip: 46321	City:	State:	Zip:		
	IN License #:	19A004656	Expiration: 3/21/15	IN License #: Expiration:				
	Phone: 219-6	570-2912 ————————		Phone:				
III.		ATION (check one) tentional Burning:	Renovation: Demolition:	x	Emergency Renovati Ordered Demolition:			
IV.		PRESENT? (check one)	YES;	NO:	X			
V.	PROCEDURES,	INCLUDING ANALYTICAL M		USED TO DETECT THE PRE	SENCE AND AMOUNT OF AS	SBESTOS MATERIAL		
	Licensed ins	pector performed inspe	ction					
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (In	cluding Regulated ACM, Cat	egory I non-friable Category I	non-friable ACM)			
		Regulated		sbestos Material Non-friable Asbestos Material				
		ACM to be removed		emoved		d before demolition		
			Category I	Category II	Category I	Category II		
Pipes (L		0	0	0	0	0		
	Area (SqFt)	0	0	0	0	0		
on/off C	omponents	0	0	0	0	0		
VII.	SCHEDULED D	ATES OF ASBESTOS STRIPF	PING/REMOVAL: Start	; n/a	End:			
VIII.	SCHEDULED D	ATES OF RENOVATION:	Start: n/a End		LITION: Start: 3/10/1	5 End: 12-31-16		
IX.	FACILITY DESC	RIPTION (Including building I	name, floor, and room numb	er)				
	Building Nam	e: Various Structures						
	Street Address: see attached list							
	City: East Chicago State: IN County: Lake Location of removal within building: n/a					ake		
	Building Size	(SqFt): see attached lis	<u> </u>	3	# of Floors:_attached	Age:_50+		
	Present Use: vacant				r use:_attached			
				1 of 2				

183100

Dan Homman

Cst 29300

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILIT TYPE OF MATERIALS REMOVED					ED, AFFECTED FACILITY COMPONENTS AND			
•	Demolition to be perfo	Demolition to be performed using heavy equipment. Debris loaded into dump trucks and transported to approved						
	and licensed facility.							
		,						
XI	INCLUDING ASBESTOS STR BECOMING FRIABLE IN THE	E COURSE OF THE PROJECT:	NDLING PROCE	DURES TO PREVENT NO	SIONS OF ASBESTOS AT THE SITE; ON-FRIABLE ASBESTOS MATERIAL FROM			
	Demolition personnel w	will wet material during demoliti	ion to prevent	dust emissions.				
		•						
		•						
XII.	MATERIAL BECOMES CRUM	MBLED, PULVERIZED, OR REDUCED F	POWDER:		OUND OR PREVIOUSLY NON-FRIABLE ASBESTOS			
	Stop work, isolate area	as, notify appropriate agencies	. Demolition n	ot to resume until a	sbestos has been removed.			
					4			
XIII.	WASTE TRANSPORTER		XIV.	WASTE DISPOSAL S	ITE			
	Name: Actin			Name: Allied Repu	ıblic			
	Address: PO Box 518			Address: 102 W Co	olumbus Dr			
	- F-st Obless	151 400						
	City: East Chicago		12		State: IN Zip: 46312			
	Contact: Michael Lopez	Phone: 219-397-5020	$-\mid$	Contact: Scalehous	Phone: 219-398-6650			
XV.	FACILITY IS NOT INSPECTED	D PRIOR TO DEMOLITION. THE DEBE	RIS MUST BE KE	PT ADECUATELY WET	A COPY OF THE ORDER TO THIS FORM. IF THE THE DEBRIS MUST THEN BE INSPECTED AFTER PRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).			
	Name: n/a		itle:		Date ordered to begin:			
	Authority:				Date of Order:			
_					-			
XVI.		•						
4	FOR EMERGENCY RENOVA	TIONS: n/a		Date and time of emerg	gency:			
	FOR EMERGENCY RENOVAL			Date and time of emerç	gency:			
	•			Date and time of emer	gency:			
	Description of sudden, unexped		e equipment dam		gency:			
	Description of sudden, unexped	ected event:	e equipment dam		gency:			
	Description of sudden, unexpectage of the sudden of the sudden of the event control of the sudden of the event control of the sudden of the su	ected event: caused unsafe conditions or would caus		nage:				
XVII.	Description of sudden, unexpect Explanation of how the event of the supervisors, To IMPLEME INDIANAPOLIS AIR POLLUTION	caused unsafe conditions or would caus E INFORMATION IN THIS NOTIFICATION THIS ASBESTOS PROJECT. WHIC	ONIS CORRECT.	AND THAT I WILL ONLY U	JSE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			
XVII.	Explanation of how the event of the supervisors, TO IMPLEME INDIANAPOLIS AIR POLLUTIC WAS ACCOMPLISHED SHALL	ected event: caused unsafe conditions or would cause E INFORMATION IN THIS NOTIFICATION ENT THIS ASBESTOS PROJECT, WHIC ON CONTROL BOARD REGULATION 1 L BE AVAILABLE AT THE JOB SITE D	ONIS CORRECT.	AND THAT I WILL ONLY U RAINED IN 326IAC 14-10; 4 D INDIVIDUAL(S) ALONG WORKING HOURS.	USE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			
XVII.	Explanation of how the event of the Explanation of the Expl	ected event: caused unsafe conditions or would cause E INFORMATION IN THIS NOTIFICATION ENT THIS ASBESTOS PROJECT, WHIC ON CONTROL BOARD REGULATION 1 L BE AVAILABLE AT THE JOB SITE D	ONIS CORRECT.	AND THAT I WILL ONLY U RAINED IN 326IAC 14-10; 4 D INDIVIDUAL(S) ALONG WORKING HOURS. 7-27-	USE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			
XVII.	Explanation of how the event of the supervisors, TO IMPLEME INDIANAPOLIS AIR POLLUTIC WAS ACCOMPLISHED SHALL	caused unsafe conditions or would cause E INFORMATION IN THIS NOTIFICATION THIS ASBESTOS PROJECT, WHICH ON CONTROL BOARD REGULATION THE JOB SITE DOWN	ONIS CORRECT.	AND THAT I WILL ONLY U RAINED IN 326IAC 14-10; 4 D INDIVIDUAL(S) ALONG WORKING HOURS.	USE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			
XVII.	Explanation of how the event of the Explanation of the Expl	caused unsafe conditions or would cause E INFORMATION IN THIS NOTIFICATION THIS ASBESTOS PROJECT, WHICH ON CONTROL BOARD REGULATION THE JOB SITE DOWN	ONIS CORRECT.	AND THAT I WILL ONLY URAINED IN 326IAC 14-10; 4D INDIVIDUAL(S) ALONG WORKING HOURS. 7-27- date	USE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			
XVII.	Explanation of how the event of the Explanation of the Expl	caused unsafe conditions or would cause E INFORMATION IN THIS NOTIFICATION THIS ASBESTOS PROJECT, WHICE ON CONTROL BOARD REGULATION TO LE BE AVAILABLE AT THE JOB SITE D Coordinator	ONIS CORRECT.	AND THAT I WILL ONLY URAINED IN 326IAC 14-10; 4D INDIVIDUAL(S) ALONG WORKING HOURS. 7-27- date Demolition Contr	USE INDIANA LICENSED WORKERS AND PROJECT 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, WITH EVIDENCE THAT THE REQUIRED TRAINING			

_	Address	Bldg Size S	q Ft	# of floors	Bldg Type
•	3805 Alder		5725	_2	Commercial
	38 12 Catal pa	done	4260	1.5	Residential
á.	3818 Catalpa	done	2517	1	Residential
•	3833 Pul aski	done	6402	2	Commercial
١.	3836 Alde r	done	2280	1.75	Residential

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

Stote From 44593 (R2 / 8-99)

li.	TYPE OF NOTIF	FICATION (check one):	Original • Must Inclu	X Revised * de copy of notification white	Canceled ch is being revised	Courtesy,		
11.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)							
	Owner: City o	of East Chicago						
	Address: 444	4 Railroad Ave						
	City: East Ch	icago		State:_IN		Zip: 46312		
	Contact: Wir	nna Guzman		Telephone #	<u>+</u> 219-391-8294			
	Removal Contractor: n/	′a		Demolition Contractor: Actin				
	Address:			Address: PO Box 518				
	City:	State:	Zip:	City: East Chicago State: IN Zip: 46312				
	Contact:		Phone:	Contact: Michael Lopez Phone: 219-397-5020				
	IN License #:		Expiration:					
	_			(Required for asbesto	s projects at schools K -	- 12)		
		agan Vjestica		Project Designer: n/a				
	Address: 110	06 Camellia		Address:				
	City: Munster	State: IN	Zip:_46321	City:	State: Zip:			
	IN License #:	19A004656	Expiration: 3/21/15					
	Phone: 219-6	570-2912		Phone:				
m.		ATION (check one) tentional Burning:	Renovation: Demolition:	x	Emergency Renova Ordered Demolitlor			
IV.		RESENT? (check one)	YES:	NO:				
V.				USED TO DETECT THE PR	ESENCE AND AMOUNT OF	ASBESTOS MATERIAL		
	Licensed ins	pector performed inspe	ction					
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (In	cluding Regulated ACM, Ca	tegory I non-friable Category	/ If non-friable ACM)			
		Regulated ACM to be removed		sbestos Material Non-friable Asbestos Material removed Not to be removed before demolition				
			Category I	Category II	Category I	Calegory II		
Pipes (L	_nFt)	0	0	0	0	0		
	Area (SqFt)	0	0	0	0	0		
	olume (CuFt) Components	0	0	0	0	0		
VII.	SCHEDULED D	ATES OF ASBESTOS STRIPF	PING/REMOVAL: Star	ı:_n/a	End:			
VIII.	SCHEDULED D	ATES OF RENOVATION:	Start: n/a En		OLITION: Start: 3/10/	15 End: 9/1/15		
IX.								
	Building Name: Various Structures							
Street Address: see attached list								
	City: East Chicago			State: IN County: Lake				
	Location of re	moval within building:_n/	'a		·	·		
	Building Size	(SqFt): see attached lls	t		# of Floors: attached	Age:_50+		
	Present Use:	vacant		Pri	ior use: attached			

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED Demolition to be performed using heavy equipment. Debris loaded into dump trucks and transported to approved							
	and licensed facility.	ormed using heavy equipment. Deb	oris loaded l	nto dump trucks and tra	sported to approved			
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:							
	Demolition personnel will wet material during demolition to prevent dust emissions.							
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: Stop work, isolate areas, notify appropriate agencies. Demolition not to resume until asbestos has been removed.							
XIII.	MASTE TRANSPORTED		Tynz	WASTE DISPOSAL SITE				
XIII.	WASTE TRANSPORTER Name: Actin		XIV.	WASTE DISPOSAL SITE Name: Allied Republic				
	Address: PO Box 518			Address: 102 W Columbi	ie Dr			
	Address, T O DOX O TO		i	Address: 102 V Coldina	<u></u>			
	City: East Chicago	State: IN Zip: 46312		City: East Chicago	State: IN z _{ip:} 46312 Phone: 219-398-6650			
	Contact: Michael Lopez	Phone: 219-397-5020		Contact: Scalehouse	Phone: 219-398-6650			
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).							
	Name:_n/a	Title:_			ordered to begin:			
	Authority:		_	Date	of Order:			
XVI.	FOR EMERGENCY RENOV	ATIONS: n/a		Date and time of emergency:_				
	Description of sudden, unexpected event:							
	Explanation of how the event caused unsafe conditions or would cause equipment damage:							
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.							
	Sila We		February 24, 2015					
	Ownel/operator (signature)	date						
	Lila Wever, Demolition Owner/operator (printed)	1 Coordinator		Demolition Contractor				
*****		******** OFFICE USE	ONLY *****		***************			
POST	MARK:	RECEIVED:	REVIEW	/ED BY:	DEFICIENCIES:			



ACTIN CONTRACTING, LLC

1102 E Columbus Ave PO Box 518 East Chicago, IN 46312 RECEIVED
Phone: 219-397-5020 StateofIndiana
Fax: 219-397-5028

RECEIVED

JUL 27 2016

DeptofEnvironmentalManagement StateofIndiana

NGB		
To: IDEM		From: Lila Wêver
Fax;	317-233-3257	 Pages: 6
Phone:		Date: 7-27-16
Re:	3805 Alder, East Chicago Revision #9	cc:

Thank you, Lila Wever Project Coordinator